	М	ULTIPI	E DEP	ENDEN	T CLAT		BERIAL NO. VUI 664 60 APPLICANTIS				FILING DATE		1	
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH/FORM PTO-875)									NT(8)	60	<u></u>		<u>.</u>	4
<u> </u>		FUR US	C WITH	FORM I	10-875)									
	AS I	ILED	AF	TER ENDMENT	AF	TED	CLAIM	<u>s</u>	1.					Ţ
•	IND.	IND. DEP.		IND. DEP.		DEP.	} }		410		-		<u> </u>	4
1			7		IND.	DEP.	1 1	51	IND.	DEP.	IND.	DEP.	IND,	0
2				II			1 1	52	 	 	1	┽	├	: -
\$		 -		 ';- -] [58					 	┿
5				+	 	-		- 54		 	-			
6				1/		 	1.	<u>56</u>	 -	 		:	 	4
7 8				1				57		┼╌	 	 	 	╀
;				[68						
LO							-	59						
11		·		17				60 61	<u> </u>	 	 	-		厂
12				1				62			1		<u></u>	-
18				1				68			1	 	 	+-
15				1-				64						1
16						ļ	 	66 66		 	 _			1
7							├	67		 	 	 	 	
9			 .	4				68						├
0 .		÷						69						
1				7			· . -	70			<u> </u>			
2				21			-	71 72			 			<u> </u>
8				1.				78			 	-		<u> </u>
5				-/,				74					•	-
6				-			-	75	·		<u> </u>			
7								76			 			<u> </u> -
8 8				_/_				78						
0				-/,				79						-
1 ·			-/-	7			· }-	80						
2							-	81					<u> </u>	<u> </u>
8				/]				88			- -			ļ
5								84.						,
6		 		' -			ŀ	85						
				'			-	86						<u>:</u>
3							<u> </u>	88						·
								89						
					 -		-	90						
							-	91						·
	,						-	98						·
-							·	94						
					$ \perp$			95					- 1	
-				 -				98						
								97						1
							-	98						· .
L							-	100						
<u>"</u>		$_{1}I$,]				TAL D.						†
\L	4	-	•	 } ├	J	ا		TAL P.		ا ل.		ا لـ		
<u> </u>	183		- 6		76		10	Alms						1